PTO/SB/06 (08-03)
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CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									OR	OTHER THAN SMALL ENTITY	
ANIMAGE EXTRA						RATE	FEE		RATE	FEE	
FOR NUMBER FILED BASIC FEE			110111021		Ī		 \$	OR	>	\$	
TOTAL	R 1.16(a)) CLAIMS		minus 20 =		•		x \$=		OR	× \$_50=	
	R 1.16(c)) PENDENT CLAIMS						x \$=		OR	x \$2.00	
	R 1.16(b))		minus 3 = *			l			OR	+\$367	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))									OR	TOTAL	700.00
* If the difference in column 1 is less than zero, enter "0" in column 2.											1000
CLAIMS AS AMENDED - PART II (-28 Convect 29, 47, SMALL ENTITY OR SMALL ENTITY SMALL ENTITY SMALL ENTITY											THAN
	(Column 1) (Column 2) (Column 3)					177	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	34	Minus	70	= 114		x \$=	1	OR	x \$ <u>50</u> =	700.00
身	(37 CFR 1.16(c)) Independent	· 2	Minus		=	İ	x \$=		OR	x 5200	
R	(37 CFR 1.16(b))		DEDENDEN	T CLAIM (37 CF	R 1 16(d))	1	+\$ =		OR	+\$ 860=	
٣	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	70000
		(Column 1)		(Column 2)	(Column 3)	-			7		Γ
ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	1	x \$=		OR	x \$=	
	Independent (37 CFR 1.18(b))		Minus	***	=		x \$=		OR	x s=	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				1	+ \$ =		OR	+ \$=		
F	FIRST PRESENT	ATION OF MICE III				_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	_					<u></u>
0 5	1	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total	AMENDMENT_	Minus	**	=	7	x \$=		OR	x \$=	
	(37 CFR 1.16(c)) Independent	 • 	Minus	***	=	1	x \$=		OR	x \$=	
	(37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					7	+ \$=		OR	+ \$=	
\vdash	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (51 51 N 1.104)					_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		column 1 is less th t Number Previous t Number Previous					enter "20".				

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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